

TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT 14-SEP-2012		TIME 21:32:00	2. ADDRESS OF OCCURRENCE 249 W 110TH PL CHICAGO, IL 60628			3. LOCATION CODE 303	4. BEAT/OCCSR 0513					
MEMBER INVOLVED DNA SUBJECT INFORMATION	5. POSITION 9161	6. LAST NAME BYRNE	7. FIRST NAME JOSEPH M	8. STAR NO 5304	9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	10. RACE CODE: 11-AGE WHI	11. HT. 601	12. WT. 165				
	14. DATE OF APPT 27-AUG-2007	15. EMPLOYEE NO. 005	16. UNIT & BEAT OF ASSIGNMENT 0563C	17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	18. MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	19. MEMBER IN UNIFORM? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No						
	20. LAST NAME MCGOWAN	21. FIRST NAME CHRISTOPHER	22. MI.	23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	24. RACE BLK	25. O.O.B.	26. HT. 506	27. WT. 130				
	28. ADDRESS COOK COUNTY MEDICAL EXAMINER - MOR	29. TELEPHONE NO.	30. WAS SUBJECT ARMED/FIREARM - SEMI-AUTOMATIC <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No							
	33. WHERE WAS MEDICAL TREATMENT OBTAINED? COOK COUNTY MEDICAL EXAMINER - MOR	34. BY WHOM? COOK COUNTY MEDICAL EXAMINER - MOR	35. CONDITION <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Hospitalized <input type="checkbox"/> 03 Not Hospitalized <input type="checkbox"/> 04 Refused Medical Aid	36. CHARGES PLACED DNA	37. DB NO. 00000000	IR NO. BNA						
	38. DNA REASON FOR USE OF FORCE (Check all that apply)	PASSIVE RESISTER		ACTIVE RESISTER		ASSAULTANT: ASSAULT		ASSAULTANT: BATTERY				
	SUBJECT'S ACTIONS	BID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>	PULLED AWAY <input type="checkbox"/>	OPEN HAND STRIKE <input type="checkbox"/>	IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/>	ATTACK WITH WEAPON <input checked="" type="checkbox"/>	USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input checked="" type="checkbox"/>					
	MEMBER'S RESPONSE	STIFFENED (DEAD WEIGHT) <input type="checkbox"/>	OTHER _____	TAKE DOWN / EMERGENCY HANCUPPING <input type="checkbox"/>	CLOSED HAND STRIKE/PUNCH <input type="checkbox"/>	KICKS <input type="checkbox"/>	WEAPON <input checked="" type="checkbox"/>					
		OC CHEMICAL WEAPON <input type="checkbox"/>	OC CHEMICAL WEAPON <input type="checkbox"/>	OC CHEMICAL WEAPON <input type="checkbox"/>	IMPACT WEAPON (Describe in Box 48) <input type="checkbox"/>	IMPACT MUNITION (Describe in Box 49) <input type="checkbox"/>	OTHER _____					
		PRESSURE SENSITIVE AREAS <input type="checkbox"/>	CONTROL INSTRUMENT <input type="checkbox"/>	TASER (Probe Discharge) <input type="checkbox"/>	TASER (Contact Stun) <input type="checkbox"/>	TASER (Laser Targeted) <input type="checkbox"/>	TASER (Stun Displayed) <input type="checkbox"/>					
	OTHER _____	OTHER _____	OTHER _____	OTHER _____	OTHER _____	OTHER _____						
39. DNA WEAPON DISCHARGE INCIDENT	40. ADDITIONAL INFORMATION											
POSITION	STAR NO.	UNIT	THIS STATEMENT IS NOT BEING GIVEN VOLUNTARILY, BUT UNDER DURESS. I AM ONLY COMPLETING THIS REPORT AT THIS TIME BECAUSE G.O. REQUIRES ME TO MAKE THIS REPORT. I KNOW THAT I WILL LOSE MY JOB IF I REFUSE. THIS REPORT IS A SUMMATION AND PRELIMINARY REPORT.									
41. WEAPON TYPE <input checked="" type="checkbox"/> 01 SEMI-AUTO PISTOL <input type="checkbox"/> 02 REVOLVER <input type="checkbox"/> 03 RIFLE <input type="checkbox"/> 04 SHOTGUN <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER	42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		43. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial		44. WEATHER CONDITIONS <input type="checkbox"/> 01 Good Atmosphere <input checked="" type="checkbox"/> 02 Bad Atmosphere							
45. MAKE/MANUFACTURER SIG & J. G. SWISS INDUSTRIAL GESELLSCHAFT	46. MODEL P220		47. BARREL LENGTH 4.4		48. CALIBER/GAUGE 45 CAL							
49. TASER PART ID NO. G396281	50. WEAPON SERIAL NO. (Please Letter)		51. CHICAGO GUN REG. NO. R006660S		52. IL FIREARM OWNER ID NO. [REDACTED]		53. HANDGUN CERTIFICATE NO.					
54. SPECIAL WEAPON CERTIFICATE NO.	55. PROPERTY INVENTORY NO.		56. TYPE OF AMMUNITION USED Department Issued		57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER 1	58. TOTAL NO. OF SHOTS MEMBER FIRED 8						
59. WHO FIRED FIRST SHOT <input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER	60. WAS FIREARM RELOADED DURING INCIDENT <input checked="" type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		61. NO. OF CARTRIDGES/SHOT SHELLS RELOADED 8		62. HOW WAS MEMBER'S HANDGUN WORN <input checked="" type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)							
63. HOW WAS MEMBER'S HANDGUN DRAWN <input checked="" type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW	64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD MAGAZINE RELOAD		65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO									
66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) NONE	67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 5 FT. <input type="checkbox"/> 02 6 - 10 FT. <input checked="" type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.		68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input checked="" type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		69. POSITION OF MEMBER DISCHARGING WEAPON <input checked="" type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHR (SPECIFY)							
70. CASE INFO.												
SIGNATURES	<p>73. REPORTING MEMBER (Print Name) BYRNE, JOSEPH M 16-SEP-2012 04:01:36</p> <p>74. REVIEWING SUPERVISOR (Print Name) LOUGHREN, SEAN R</p> <p>Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.</p> <table border="1"> <tr> <td>STAR NO. 5304</td> <td>SIGNATURE [REDACTED]</td> <td>BDATE REVIEWED 15-SEP-2012 04:07:23</td> <td>TIME</td> </tr> </table>								STAR NO. 5304	SIGNATURE [REDACTED]	BDATE REVIEWED 15-SEP-2012 04:07:23	TIME
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1225817965

HVA7617Z

WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM, 2) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL, OR 3) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE AGS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING: 1) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STems FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

76. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE:

DINA

REFUSED

ENABLE TO INTERVIEW (Specify Reason)

Subject/Offender is deceased.

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING:

Based upon the information available at the time of this report, it is the preliminary determination of the Undersigned that Officer Joseph Byrne #5304 acted in compliance with Department policy. Officer Byrne fired his weapon in fear for his life after offender McGowan, Christopher (I.R. #2005337) pointed a handgun in the officer's direction, thus placing him in fear of his life Log #1057079 was issued for this incident. U#12-034

77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO/CRNO. 1057079 OBTAINED

78. WATCH COMMANDER/OCIC (Print Name):
ALEXANDER, DANA

SIGNATURE

DATE COMPLETED TIME
15-SEP-2012 04:31:06

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS.

ATTACHMENTS / PHOTOCOPIES OF:	<input type="checkbox"/> SUPPLEMENTARY REPORT	<input type="checkbox"/> I.O.D. REPORT	80. TOTAL TRRS THIS EVENT No
<input type="checkbox"/> CASE REPORT	<input checked="" type="checkbox"/> OFFICER BATTERY REPORT	<input type="checkbox"/> CRIMINAL REPORT	4
<input type="checkbox"/> ARREST REPORT	<input type="checkbox"/> TO-FROM SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)		

LOG# 1057079
Attachment 8